CAMPUS

UCSF JOURNAL

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Anne Miller

At ribbon-cutting ceremonies for the shuttle bus are (l-r) Tom Gwyn, Public Service Programs; Eric Wu, Chinatown Federal Savings; Anne Cronin, Art/Craft; John de St. Nicolas, Sunset Stationery.

Merchant's Shuttle Trips from Campus

A Merchant's Shuttle for the UCSF campus community began operating last month. It picks up passengers between 11:30 a.m. and 1:30 p.m. at the Third Avenue and Parnassus bus shelter and makes stops as far as 16th Avenue and Judah. The return trip is along Irving Street to Third, then up to Parnassus. Shuttle bus fare is 15 cents each way, or a coupon from one of the participating merchants.

This new service was arranged by the Chancellor's Task Force on Parking and Transportation with the support of the Inner Sunset Merchants Association. For more information, contact the Transportation Office, ext. 1511.

Grad Wins Film Award

National awards for what one judge claimed was the best health science film produced in years were presented to Mark L. Pedersen, a 1978 M.A. graduate of the University of California, San Francisco.

The 26-and-a-half-minute film, "Chemical Carcinogenesis — The Staging Theory," which was produced as Pedersen's thesis project, was awarded the $300 first prize and $100 best of show prize at the Bio '79 Motion Picture Film Festival held recently in Kansas City, Kansas.

The film, according to Pedersen, focuses on the chemical staging concept of carcinogenesis, or the chemical sequence resulting in cancerous tumors. Pedersen, now working as coordinator for media production services at the Veterinary College, Washington State University, says of his work, "I served as writer, director, producer, animator, and editor — an exhausting but stimulating experience." Dr. Edward Smuckler, chairman of the Department of Pathology at UCSF, was executive producer of the film.

Richard A. Beindorf, of the graduate program faculty, was Pedersen's media production instructor, as well as production adviser for the award-winning film.

A contract was recently signed by McGraw-Hill C.R.M. Films, giving them distribution rights; however, the Regents of the University have retained the copyright. The film will be distributed to health and biology classes, educational institutions, and television, as part of McGraw-Hill's rental and sales series.

According to Ruth Wakerlin, director of the graduate program in medical and biological illustration at UCSF, royalty proceeds from the film will be shared among Pedersen, the medical and biological illustration program, and the UCSF Pathology Department for the development of other similar programs.

7 Win

2-Year Management Fellowships

Seven managers and directors at UCSF are recipients of Management Fellowships funded by UC System-wide Affirmative Action funds. The fellowships, totaling $18,000 for two years, make possible the pursuit of undergraduate and graduate degree work, as well as a special project arranged by the UCSF Management Program.

Fellowship awardees are Wendell Adams, MSO II, Physical Plant and Building Services; Lydia Daniels, director, Medical Record Services; Ruby Freeman, housing officer, Millberry Union; Vickie Ina, MSO II, Obstetrics and Gynecology Department; Mary McAllister, MSO II, Pediatrics Department; H. Margarita Loinez, MSO II, Clinical Study Center, SFGH Medical Center; and Ann Schmucker, MSO II, General Clinical Research Center.

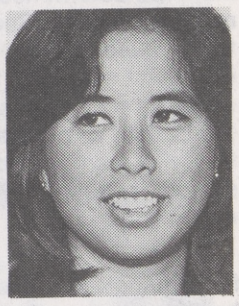
The purpose of the program, which is specially designed for individuals in MSO II-IV and equivalent analyst classifications, is to increase access to management positions in the University for women and minorities by providing them with opportunities to obtain the academic background and management skills needed to compete for high-level jobs. The program also aims to establish mentor relationships between fellows and University employees currently in management as a means of furthering the fellows' career development.

Fellowships were awarded on a competitive basis to those who demonstrated ability to manage and to complete the academic program. Participants are not given a guarantee of upgrading their positions at UCSF.

Adams

Daniels

Freeman



Ina

McAllister

Schmucker

Loinez

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Vicki Alexander: A People's Physician

Warmly, radiantly, she greets you with a smile, a hug, an embracing "How ya doing?"

Instantly you know she would listen if you said anything other than the usual "Fine, and you?"

In fact, her patients say that Vicki Alexander, M.D., director of the UCSF Perinatal Health Project at San Francisco General Hospital Medical Center and its satellite clinics, is a fantastic human being. Some say she's "just like having a big sister to relate to."

The community-based health care program for low-income mothers and their infants, considered high-risk patients because of either economic difficulties or medical problems, is where Alexander spends most of her time. She is medical director as well as the bilingual physician who provides direct patient care. At the clinic, she can be seen explaining in simple language — Spanish or English — to a young expectant mother the lack of scientific evidence to support a commonly believed "old wives' tale," while at the same time showing her respect for the cultural tradition that produced the tale; she reassures another, whose delivery date is near, that the baby is in the correct position, and that she is like "just about everybody else" with those stretch marks she seems to think are her unique disfiguration.

"Dr. Alexander is more than a physician," says Gladys Sandlin, social service coordinator of the Perinatal Health Project. "She is a healer, a great person. Patients make immediate contact with her. She has really set the tone for this project. We're so lucky to have her!"

In another setting, Alexander can be found on a street corner or at a grocery store with leaflets and petitions or visiting a local church — expounding on the evils of a health delivery system, which, if changed, could prevent the high rate of infant mortality in Oakland. The same warmth exudes, but one doesn't miss the determined resolve to correct an injustice. She seems a militant, to use a term of the sixties, in the finest and most timeless sense of the word: aggressively active for the benefit of people, especially those who are medically underserved because they're politically underrepresented.

She could be very different and few among her peers would blame her. She grew up in the wasteland of Watts (where riots erupted in 1965), where she attended Manual Arts High School. Many professionals who come from similar backgrounds put as much distance between themselves and this kind of experience as possible. But Alexander values the political awareness fostered by her upbringing; she has a take-it-for-granted attitude that coming from Watts and having a mother and father who "were conscious of the world" naturally combine to produce a socially conscious person. "My father was a union organizer for the CIO," Alexander says.

Unlike many activists, however, Alexander has made it in the medical establishment apparently with no need to thumb her nose at colleagues who for one reason or another can't or don't find time to be advocates for decent health care for everyone. "Most doctors are active in overall care," she says, and leaves it at that.

She is working with Oakland's Coalition To Fight Infant Mortality. The group was started in January after reports came out that 26 out of every 1,000 babies born in East Oakland die before reaching the age of one year. As a founding member of the coalition, Alexander devotes most of her time away from work to its stated goals and objectives.

Alexander's awareness of the political determinants of quality health care was "crystallized," she says, during her Ob/Gyn residency at UCSF. In 1977, she spent three months of the residency teaching interns and doing a research project on toxemia of pregnancy at Hospital Maternidad, San Salvador, El Salvador's only maternity hospital. There, she says, 60 to 80 infants are born each day, and between two and 18 cesarean sections are performed daily.

Infant mortality is extremely high in El Salvador, and there is virtually no prenatal care.

"I lived in the hospital and worked every day," Alexander recalled. "I was there when government elections were held. The elections were corrupt, the people protested, and a state of siege was declared. There were bombings and all kinds of violence. Injured people were brought into the hospital. It was all very dramatic. The poor leadership didn't really represent the people. This left an indelible impression on me. The political aspect of life, I began to see, had to be tied in with medicine."

Alexander said the medical profession in San Salvador did well with what they had, but there was little technological advancement. "However, this was all right for me," she said, "because I wanted to learn obstetrical skills without the aid of machinery, and see how medicine was delivered in an underdeveloped country.

"When I returned from El Salvador, I knew I wanted to work in a public hospital," Alexander said. "I was fortunate to get into a clinical instructor program at SFGH right out of residency."

It is unusual for a physician to obtain such a position so early in his or her career, but, says Alexander, "Dr. Sweet [Richard Sweet, chief, Ob/Gyn, SFGH Medical Center] was looking for someone with bilingual capabilities and a dedication to serving community people."

Alexander spends about 10 percent of her time teaching residents and students and has some private patients, but the bulk of her time is spent providing patient care for the Perinatal Health Care Project and serving as its director. The staff of 23 includes health educators, nutritionists, social workers, and nurse practitioners, most of whom are bilingual and travel on alternating days to satellite clinics at District Health Center #3 and Mission Neighborhood Health Center.

The love affair between staff and physician is obvious. Says Alexander, "The staff makes these clinics special. I contend that the health educators and nutritionists are among the most important people on the staff. They emphasize prevention."

The program, formerly directed by Hallie Beacham, M.D., and now in its second year, provides decentralized care close to the homes of its clients. "They don't have to travel a long way to receive care, so this is a real service," says Alexander. At the two satellite clinics where volume is high, incoming patients are greeted by receptionist Carmen Telek, who is bilingual and who formerly worked in UCSF's Hospital Accounting Department. She determines eligibility. OB Nurse Practitioners Harriet Dunbar at District Center #3 and Fran Dreier at Mission Neighborhood Health Center, along with Carmen Vasquez, R.N., health education director, record patients' medical histories and do social assessments. Pediatric Nurse Practitioner Carol Jordan is another member of the team.

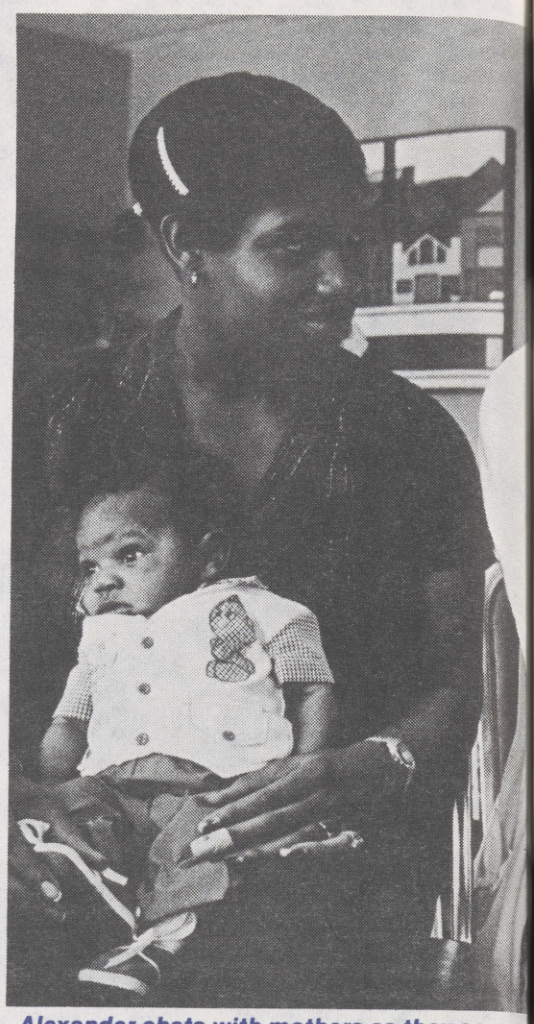
"Patients are considered at risk not only because of special health problems, but because of stresses, which can be anything from problems at home to the need for food, supplemental clothes, housing. We make referrals to meet these needs," said social worker Gladys Sandlin.

Nutritionist Hafsah Lane-Jansen discusses individual diets with each patient, reviewing and evaluating her previous day's foods, explaining the pros and cons of what she's eaten in relation to her specific nutrition needs.

Health education classes on infant care, postpartum self-care, family planning, physiology and psychology of pregnancy, and breathing exercises to prepare for delivery are given by Vasquez and educators Wilma Montanez and Norma Luquis.

This is the type of program Alexander would like to see in her resident city of Oakland.

As a member of the Coalition To Fight Infant Mortality, Alexander represents herself and the Third World Women's Alliance, a group comprised of black, Latin, and Asian women in the Bay Area. The coalition's short-range goals for Highland General Hospital in Oakland are to



Alexander chats with mothers as they come visits, as Gladys Sandlin, social service coor

persuade Alameda County to expand the hospital's services in existing prenatal clinics and to provide easily accessible prenatal care; to hire bilingual and bicultural staff to meet the needs of a multiethnic community; to hire full-time physicians to provide prenatal care and help combat infant mortality; and to institute an effective, comprehensive sliding fee scale.

According to Alexander, "Seventy-five percent of infant deaths could be prevented if, among other things, the poor were not caught in the politics of health care planning and payment systems.

"If a pregnant woman tells a doctor that she is full paying, she's told to come in that week or the following week. If a MediCal patient calls, she's told it will be a couple of months before the doctor can see her. This is because MediCal is paying a fixed amount for prenatal care that is less than what the physician receives from the full-paying patient. The physician isn't reimbursed per patient visit, so he or she is less inclined to see the patient," Alexander said, explaining one of the many difficulties low-income mothers face in their attempt to receive prenatal care. MediCal is currently paying $350 for delivery, or about $550 less than what full-paying patients pay.

Another aspect of the high rate of infant mortality is the ratio of one doctor to 7,500 women in East Oakland, compared to affluent Piedmont's ratio of one to 800 and a mortality rate of 3.6 per 1,000 births.

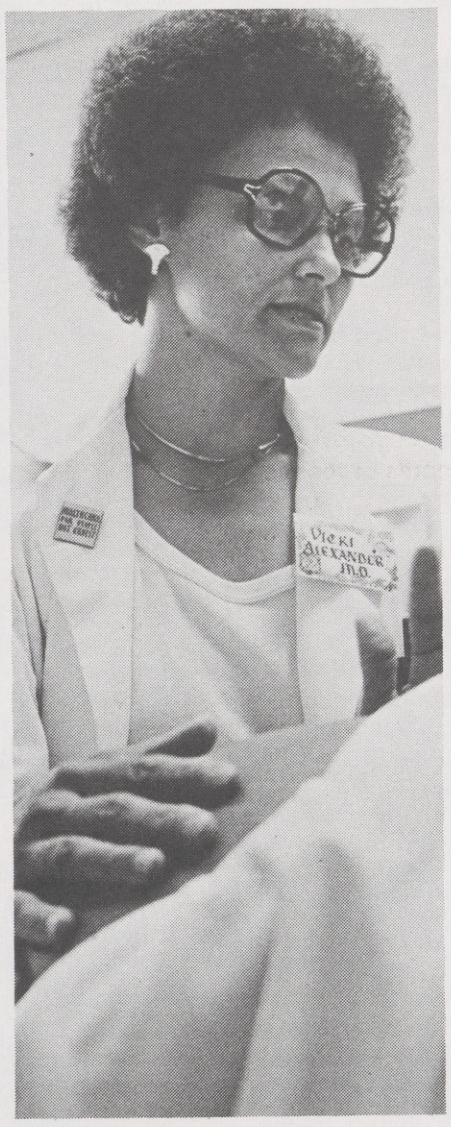
Alexander traveled this year to Cuba and to Canada. She was favorably impressed with Cuba's system of decentralized care, the standardization of evaluation, and the regional plan. In Canada she studied a nutrition program to prevent complications of pregnancy. She criticizes the United States for lacking prevention programs and education and not immunizing children, noting San Francisco's recent rubella epidemic. "Though we have programs and controls, we lack effective mechanisms to insure that people do the right things. Cubans emphasize prevention in their care, seeing this as a state responsibility to *all* of their people," she said.

Alexander's travels seem to reinforce her stated personal commitment to the right of health care for everyone rather than the privilege of it for some.

— Jini Kilgore Robinson

o District Health Center #3 for routine pediatric
dinator, looks on.

Alexander greets a newborn and mother.



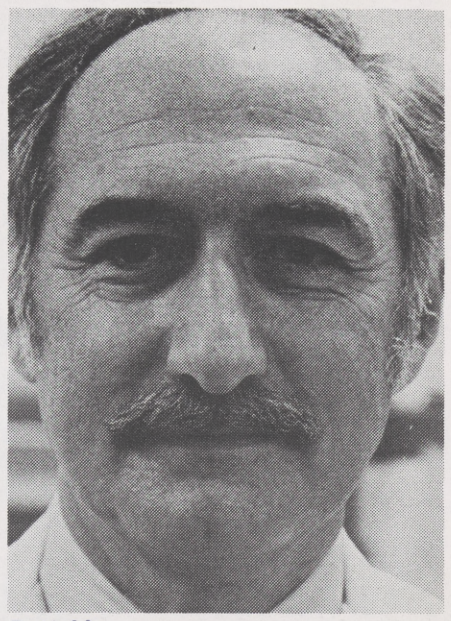
Examining a pregnant woman.

Nutritionist Hafsah Lane-Jansen discusses diet with a client.

Carmen Vasquez uses diagram to show fetal position.

Photography by Randolph Falk

Health Appraisal Gives Data On Life, Death Risks



Petrakis

Public Affairs Pamphlet Number 558, "Health Hazard Appraisal, Clues for a Healthier Lifestyle," published in 1978 by the Public Affairs Committee (a nonprofit educational organization founded in 1935), states:

"It is humbling to realize that all the technological advances of clinical medicine, the prepayment and organization of health services, and the removal of health pollutants, have little effect on the decision of an obese person to reach for another piece of strawberry shortcake."

What does the medical establishment do to keep the person from eating himself to death? Or what does it say to a 17-year-old girl cigarette smoker who, when told of the lung cancer risk, replies with the abounding myth that everything causes cancer — water, food, air — so why not enjoy a cigarette?

The teenager can be told that the risk of developing lung cancer is far more increased by cigarette smoking than by breathing polluted air; the obese person can learn that the risk of dying is greater when vital organs are overtaxed and other complications develop from overeating. However, merely telling a person what is a harmful health practice is often not sufficient to accomplish a positive change in behavior, according to Nicholas Petrakis, M.D., chairman of Epidemiology and International Health at UCSF, and professor of preventive medicine.

"Epidemiological and clinical research over the years has yielded knowledge of risk factors for many major diseases," says Petrakis. "It is known that the leading causes of death for young people in their 20's are motor vehicle accidents, homicides, and suicides, but that older people die from degenerative chronic diseases, heart attack, cancer, stroke, and cirrhosis. Lifestyle habits and health care practices have a direct correlation to the development and prevention of many of these diseases."

To demonstrate the significance of unhealthful practices more forcefully, epidemiologists and preventive medicine practitioners have developed new tools for health education and motivation of positive health behavior. One of these is the Health Hazard Appraisal. Health Hazard Appraisal uses information about a person's age, sex, medical history, and risk factors to predict his or her chances of dying during the next 10 years. This information, coupled with health counseling efforts, can lead to an effective form of preventive medicine.

Petrakis has helped to spearhead a Health Hazard Appraisal program, which is gaining popularity around the country and is currently used by the San Francisco City and County Department of Public Health.

The Health Hazard Appraisal is a computer analysis that permits the individual to assess his or her overall health condition and to know what factors present risks compared to the condition of other people within the same age, sex, and ethnic categories.

In addition to age, sex, race or ethnic background, the appraisal gathers information on lifestyle factors such as smoking, drinking, exercising, and driving habits. Blood pressure, weight, and blood are measured. Presence in a high-risk group as detected by recent screening — an examination for breast or cervical cancer, for example — is also recorded. Questions pertaining to personal and family medical histories are asked; the completed questionnaire is processed by computer, which delivers a health forecast containing the actual or chronological age and the risk age, based on statistical or actual dangers associated with habits, family history, present symptoms or diseases.

The achievable or attainable age is predicted. This is the lower risk age that can be reached if the individual makes recommended changes in living habits and physical condition. A list of the 10 leading causes of death for people in the same age and ethnic category is given to the individual, with a graphed rating of one's chances of succumbing in the next 10 years to any of these diseases, based on one's habits and state of health.

Petrakis notes that some critics of the Health Hazard Appraisal concept say that it can be overemphasized, that it is "gimmicky," that it tends to "blame the victim" for what is a societal or a cultural problem, and that risk factors may change as a result of newer studies.

Critics also claim that some people are too nervous to learn about the effects of their lifestyles on their overall state of health. "They don't want to know what's happening to their bodies," Petrakis says. "But if the appraisal is backed with the resources to counsel and motivate the individual to reduce harmful health practices, we can truly begin to practice a form of preventive medicine which will be beneficial to the individual." He emphasized that the risk assessments and recommendations made for reducing risks are "prudent," based on best present information.

"We cannot afford to wait until we know the ultimate molecular mechanisms underlying a disease before we attempt to apply our current knowledge to prevent disease. For example, we do know the exact molecular basis for sickle cell anemia but we can't yet prevent it. On the other hand, although we still don't know the specific biochemical mechanisms of how cigarette smoking causes lung cancer, we certainly know that stopping smoking can prevent lung cancer, as well as a lot of other diseases."

Said another prominent medical observer, quoted in the public affairs pamphlet: "If Americans quit smoking, cut back on drinking, lost weight, watched their diet, wore seat belts, relaxed, and exercised, we would be a much healthier nation than if we doubled our annual health expenditure, added 10,000 new doctors or 10,000 new hospital beds. All too often we don't die; we kill ourselves."

— Jini Kilgore Robinson

BULLETIN BOARD

The Ph.D. Program in Human Development and Aging is accepting applications for fall 1980 admission. Graduate students in behavioral sciences who have master's degrees or the equivalent may submit applications. Consideration is also being given to students in the health sciences and humanities. The program's aim is to prepare academic teachers and researchers with thorough interdisciplinary training in the techniques, theories, and special problems of adult psychosocial development and aging. Interested students can contact the Ph.D. Program Coordinator, Human Development and Aging Program, 745 Parnassus. Applications must be submitted no later than February 1. Call 566-2348 for more information.

A service for doctors, **Physician Referral Center/Medical Information System by Telephone (PRC/MIST),** maintains a toll-free line, 800-792-0772, with specially trained operators Monday through Friday, 8:00 a.m. to 5:00 p.m. Operators coordinate outpatient appointment and hospital admission requests. They also provide a type of continuing education for physicians, who by telephone can discuss problems and questions relating to patient care with UCSF faculty. In addition, the operators assure timely and appropriate communication on all patients referred to the medical center and assist in resolving problems commonly encountered by physicians during the referral process.

The UCSF Rosalind Russell Medical Research Center for Arthritis is offering free classes for rheumatoid arthritis patients and their families. Tips on less stressful ways of performing day-to-day activities like writing, cooking, and unlocking doors are offered, as well as discussion of medical aspects, psychological and sexual adjustments, and community resources. Class members learn how to spot and avoid quacks, how to reduce stress on their joints, conserve energy, and exercise to maintain their range of motion and strength. For more information, call ext. 1192.

The Friends of Langley Porter, a volunteer support group of LPI, is publishing a wall calendar displaying the art work of the children on the Inpatient Children's Service. The art work is an outgrowth of various educational, therapeutic, and recreational activities; art therapy groups in particular promote self-expression and communication for children whose verbal skills are limited. Orders for the 1980 calendar can be placed by calling 7-397 or sending a check for $3.50 to the Friends of Langley Porter, UCSF 94143. Proceeds from the sale will be used solely for the benefit of LPI patients.

Diabetics and their families can learn about their disease and special ways to monitor and control it at the **UCSF Diabetes Teaching Center.** Insulin, travel, diets, exercise, self-care, and many other topics for diabetics are discussed. Call Peggy Huang, R.N., for more information at 655-1010.

A breast cancer study is currently under way in the **Department of Epidemiology and International Health.** This study examines the similarities and contrasting traits among women who were born within 30 months of sisters who have had breast cancer. Women between 35 and 60 years of age who meet this requirement are requested to fill out a confidential questionnaire, which it is hoped will add to existing knowledge of the relationship of lifestyles to breast cancer. Contact Epidemiology and International Health at ext. 1375.

Employee Health Service Offers Exams

All individual employees and departments involved with hazardous substances or located in environmentally hazardous areas have access to the UCSF Employee Health Service, which provides physical exams and diagnostic tests.

Requests for service are reviewed by an advisory group. Contact Anita Pool, ext. 4318, for service requests and information.

Edwin Bing Dong, supervisor of the Classroom Support Service, is shown here inspecting A-V Equipment. Classroom Support Service was established recently by combining the Projectionist Service, Audiovisual Equipment Rentals/Pool, and AV/TV Maintenance. It will be responsible for coordinating and maintaining all classrooms on campus.

UCSF GAZETTE

AUXILIARY/VOLUNTEERS

Volunteer Recognition Week October 8–12

Volunteer Recognition Week at UCSF, October 8-12, will feature continuous slide shows at posted times in the lobbies of Moffitt and UC hospitals and in the Ambulatory Care Center. Volunteer Services staff and volunteers will be stationed in the lobbies to recruit and give away brochures explaining the program. Photo displays on the employee bulletin boards in the hallway of the first floor of Moffitt Hospital will depict the work of volunteers in UCSF hospitals and clinics.

"This will also be the kick-off of our Volunteer-of-the-Month recognition," said Sharon Beckham, coordinator of UCSF Volunteer Services. She said the final event of the week will be the annual buffet recognition luncheon, to be held at noon on Friday, October 12, at University House. This year's program will include recognition of a staff member who has supported Volunteer Services, as well as recognition of community groups and individuals who have been supportive. Those who have volunteered for 10 or more years in the program will also be acknowledged.

"We want to honor our volunteers who have been with us for 10 or more years," said Beckham. "Departmental recognitions will be given to other volunteers who have worked with us for at least five years."

Beckham said the recognition week would also initiate a volunteer speakers' bureau to recruit in the community.

Don Lorenzo

Foster Grandparents at UCSF are (l-r) Lenora Taylor, Lucy Filippini, Jessie Boyd, Mary Hardy, Esther Privette, Rose Fox, Lucille Rockett, Angelica de los Santos, Eunice Rogers, and Ziona Rogoway.

Who Volunteers?

Volunteers are not all unemployed or retired women looking for something meaningful to do with their time as they have been portrayed in the ever-fading image. Men like Ralph Hoyos are part of the volunteer image. Hoyos donates time to the Screening and Acute Care Clinic and translates patient information materials into Spanish.

Employed young women like Kathleen Scadden and Margaret Smith also volunteer, which brings to mind another traditional thought that needs to be laid to rest: volunteers should be recognized for the number of hours they donate. Not so, says Sharon Beckham, coordinator of UCSF Volunteer Services. "We should not exclude from recognition those volunteers who, in the few hours they are able to volunteer, accomplish a specialized short-term assignment that benefits us as much as an assignment requiring many hours."

Example: puppet therapy volunteers who assist in the evenings for one hour or less depending upon the number of children scheduled for surgery. Kathleen Scadden was a puppet therapy volunteer for three years. She worked as administrative assistant in the Office of Public Service Programs before leaving in July to become a student in the physician's assistant program at Duke University. Scadden was known for her many activities on campus, including administrative coordination of the annual United Way drive. As a puppet therapy volunteer, she helped prepare young children for surgery by enacting through puppets the full operative procedures, which enhanced the children's understanding and allayed their anxieties.

Similarly, Margaret Smith, secretary to H. David Watts, M.D., volunteered evenings after work in the Intensive Care Unit Program for more than two years. One of the pioneers in this program, she also resigned this past summer to pursue a social work career in Los Angeles.

Volunteer Services acknowledges the contributions made by Scadden and Smith and salutes all of its volunteers who are employed at UCSF!

UCSF Volunteers Honored

Volunteers with Hospitals and Clinics Volunteer Services have distinguished themselves in many ways. One was selected for the current edition of *Who's Who Among American Women;* two others received recognition as "Volunteer of the Month," honoring five years of service in the Hospital Admissions department.

Faracita Wyatt, also a Hospitals Auxiliary board member, is listed in *Who's Who.* Rae Cricks and Gerald Wolfes were recognized by Admissions. Cricks and Wolfes were acknowledged at the Seventh Annual Awards Presentation for the Retired Senior Volunteer Program (RSVP), San Francisco Council of Churches, held recently at Christ Church Lutheran.

UCSF's Foster Grandparents were also recently honored in an annual recognition program, sponsored by the Family Service Agency of San Francisco. The honorees, all of whom work in the Pediatrics Unit providing nurturance to the young patients, are Rose Fox, Lucille Rockett, Eunice Rogers, Ziona Rogoway, Lenore Taylor, Angelica de los Santos, Lucy Fillippini, Mary Hardy, Jessie Boyd, Ursula Gandy, and Esther Privette.

Potpourri VI: Annual Musicale

Potpourri Six, the annual Auxiliary musicale, will be held in Millberry Union Gymnasium on Tuesday, October 16, 6-8 p.m. The evening will feature instrumental, vocal, and dancing talents of employees, their family members, and friends. Generous portions of classics and jazz, along with wine and cheese, are traditional potpourri fare.

Musical director is Ephraim Engleman, M.D., director of the Rosalind Russell Arthritis Center at UCSF and clinical professor of medicine. Mrs. Charles (Marilyn) Carman is *Potpourri Six* chairman.

General admission is $10 and $5 for students. A $25 gift certificate from Bear-ly New, the Auxiliary's thrift shop, will be the door prize. Proceeds of the evening will go to the Auxiliary's special project, the Pediatric Intensive Care Unit. Call ext. 4906 for ticket information.

Challenging Areas of Volunteer Service

"The kinds of people who volunteer and the modes of helping are indeed changing," according to Sharon Beckham, coordinator of UCSF Volunteer Services. "The different types of people joining the ranks of the volunteer field are a reflection of the changing image . . . in addition to the housewives are students, retired professionals, businessmen, office workers, and occasionally our clients, patients. Their motives are different, too. There are fewer 'do-gooders' and more individuals wanting something in exchange for their activity: skills development, career exploration, and satisfaction from assisting."

Below is a list of some of the UCSF Volunteer Services programs that reflect the changing image. Volunteer Services has more than 50 areas of activity.

ICU Family Host/Hostess Program — This program consists of 14 volunteers who work with family members of Intensive Care Unit patients, helping to alleviate anxieties and providing support. One of these volunteers has designed a slide presentation to help acquaint families with the ICU.

Puppet Therapy — Six volunteers visit pediatric patients scheduled for surgery and use puppets to enact surgical procedures, which helps demystify the hospital experience. This service is being extended to include other procedures.

Pediatrics — Volunteers work in the pediatric playroom and in other areas of the unit. Their roles are generally well defined, springing from several talents, skills, and motives. An orientation handbook, written by a volunteer, is in the making.

Foster Grandparents — This program is set up through the federal volunteer agency ACTION and is administered by the Family Service Agency of San Francisco. Older adults function as "grandparents" for pediatric patients in this subsidized program, which provides nurturing and whatever assistance is needed.

Clinics — Volunteers are assisting staff members in the Ambulatory Care Center playroom, located in Pediatrics Clinic.

Operating and Recovery Rooms — Volunteers assist in shifts beginning at 7:00 a.m. and ending at 11:00 p.m. Most are premedical students who are afforded an opportunity to gain first-hand experience.

Physical Therapy — Students who are interested in pursuing a career in physical therapy have an opportunity to assist in various functions within the unit.

Hospital Nursing Units — Floor volunteers give assistance to patients as needed. This program can be used as a career exploration opportunity.

CHEP — The Community Health Education Program uses volunteers extensively in program design and in the implementation of new areas of service.

UCSF

SCHOOL OF DENTISTRY

School of Dentistry Dedicates two Community Clinics in October and November

The School of Dentistry's construction program is entering its final phase with the dedication this fall of the school's two new community dental clinics. The new School of Dentistry building on the campus will be dedicated early next year.

The two UCSF community dental clinics — one at 100 Buchanan Street and the other at SFGH — will provide high-quality, low-cost dental care to patients with limited incomes while offering dental students valuable community-related experience.

Samuel J. Wycoff, chairman, Division of General Dentistry, has academic responsibility for the two School of Dentistry clinics.

The clinic at 100 Buchanan Street will be dedicated at a public ceremony and open house on Saturday, October 27, from 11 a.m. to 3 p.m. It will serve residents of the Upper Market and Fillmore neighborhoods, as well as of the Bay Area.

Assemblyman Willie Brown will give the dedication address. As former chairman of the Health Science Teaching and Hospital Siting and the Ways and Means committees of the State Assembly, he was instrumental in the development of both community dental clinics.

The clinic at SFGH, which will be dedicated later, will serve residents of the Mission, Potrero, and South of Market communities, as well as of the Bay Area.

At the Buchanan Street clinic, a building of 10,000 assignable square feet, there are 16 student cubicles. The SFGH clinic, with 14,000 assignable square feet, has 24 student cubicles. Each cubicle is equipped with a mobile dental unit, hydraulic chair, two sinks, and dental cabinets. The community clinics also have facilities for examining, emergencies, oral surgery and X-ray, plus central dental laboratories, student support laboratories, instruction rooms for preventive dental education, and seminar rooms.

Garcia

Garcia Directs Clinic at SFGH

Manuel Garcia, D.D.S., has devoted almost his entire professional career to helping meet dental needs in underserved areas. This also will be his mission as staff dentist and acting director of the School of Dentistry's new Community Dental Clinic at SFGH.

Garcia is friendly, unpretentious, and speaks fluent Spanish — all definite assets at SFGH. The hospital is located in the heart of the Mission District, largely populated by Latinos, and it also serves a variety of other ethnic communities — Asian, black, Native American, Samoan.

Born in Ventura, California, Garcia entered the UCSF School of Dentistry in 1969 after completing predental and biology studies at Ventura College and California State College at Long Beach and after a three-year tour of duty as a dental technician with the Army.

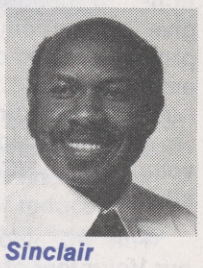
He spent four summers with the School of Dentistry's Mobile Dental Clinics, delivering services to migrant children in the agricultural valleys of California. Tens of thousands of children — the majority of whom had never before seen a dentist — have received care through this program.

Garcia began with the mobile clinics in 1970 as a student volunteer. By the summer of 1974, he had become a year-round project coordinator and faculty member, responsible for supervising dental students in treatment of migrant children.

This experience led him into a number of other outreach projects. In 1973–74, he worked with the Health Manpower Recruitment Project of the Bay Area Coalition for Health. The purpose of the project, headquartered in Oakland, was to motivate minority students, including Spanish-surname students, toward health professions.

He later served as a staff dentist and dental division supervisor at Oakland's Clinica de la Raza, and he held similar positions with the Family Health Foundation of Alviso and the United Health Centers of the San Joaquin Valley.

When asked why he has consistently chosen to work on behalf of low-income and minority communities, instead of following another kind of career path, Garcia's response is a straightforward one. "It's what I have always wanted to do," he says. "I find it more satisfying and exciting."



Sinclair

Sinclair Directs Clinic at 100 Buchanan

During 10 years as a member of the campus community, charismatic Phoenix Sinclair, D.D.S., has gone from electronics technician for the hospital and research laboratories to dental student to a combination of roles as academic administrator, teacher, and practicing dentist.

Now he has been appointed academic administrator of the School of Dentistry's new Community Dental Clinic at 100 Buchanan Street (see adjacent story). The two new clinics offer quality dental care at low cost and add a new dimension to dental education at UCSF by giving students special opportunities to practice in underserved areas of the city.

Sinclair, a native of North Carolina, attended Victor Valley College in southern California, then served as an operating room technician with the Air Force and later as an electronics mechanic at Hunter's Point Naval Shipyard.

In 1969, he came to work at the UCSF Research and Development Laboratory. His duties included fabrication and construction of biomedical instruments for research, helping to set up systems for research projects, and responsibility for repair and maintenance of electronic equipment.

He also designed and constructed a battery of instruments for testing the manual dexterity of dental school applicants. In 1972, he resigned as an employee to enter the UCSF School of Dentistry. In addition to completing work toward the D.D.S. and M.S. degrees at UCSF, he attended classes at College of San Mateo and S.F. State University.

Community service is a way of life for this father of three school-age children. As a dental student, he organized tours of the campus for high school students, helped to plan health career workshops, and organized a special program in which UCSF staff, students, and faculty formed adviser-tutorial relations with students at nearby Polytechnic High.

Following graduation in 1976, he divided his time between private practice of dentistry in an underserved area of East Oakland and service as half-time co-director of the School of Dentistry's Retention and Recruitment Program for minority students. His special responsibilities included student tutoring, instructing remedial courses, and conducting summer orientation.

Now he looks forward to conquering new frontiers at the Buchanan Street Community Dental Clinic.

SCHOOL OF PHARMACY

Troy Daniels Celebrates 80th Birthday

Troy C. Daniels, emeritus dean of the School of Pharmacy, celebrated his 80th birthday recently with his wife, Elizabeth, and other members of his family and surrounded by his former faculty, colleagues from the pharmaceutical association of Japan, and representatives of his alma mater, the University of Michigan.

A buffet dinner at University House on August 10 brought together long-time friends and colleagues to honor the former dean and to recall his distinguished career.

Daniels, who served as dean of the UCSF School of Pharmacy from 1944 to 1967, came to the University of California 50 years ago as an assistant professor of pharmacy.

One of the highlights of the birthday dinner was the announcement that The Regents of the University of California have approved the designation of the 940-S conference room as the Troy C. Daniels Conference Room, and a plaque to that effect will soon be placed on the door.

Ara G. Paul, dean of the University of Michigan College of Pharmacy, came to California to present Daniels with the University of Michigan Distinguished Alumni Award.

Professor Ichiya Ninomiya, from the Kobe Women's College of Pharmacy, and Chikataro Kawasaki, dean of the Kobe Gakuin University School of Pharmacy, along with several other colleagues, traveled from Japan to honor the former dean and to present him with commemorative scrolls from both of Japan's pharmaceutical societies.

When Daniels began teaching pharmacy a half-century ago, a pharmaceutical education consisted of a two- or three-year program of courses, mostly taught by pharmacists who had been similarly trained. Daniels is recognized for having stimulated the philosophy that the pharmacist has a unique, much-needed service to perform, which can be provided only if the pharmacist is thoroughly familiar with the physical, chemical, and pharmacological properties of drugs. The four-year pharmacy program, largely taught by Ph.D.'s, is the result of this philosophy — a plan that all of the schools of pharmacy in the U.S. were to follow.

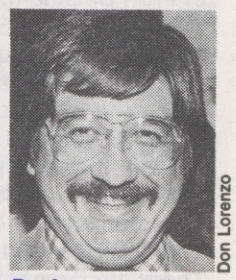
Daniels also distinguished himself as a scientist and educator internationally, and he has particularly strong ties with the Japanese pharmaceutical chemists. He served as an adviser on the restructuring of pharmacy and pharmaceutical education in Japan after World War II and, as a result, he is one of the few honorary foreign members of both the prestigious Pharmaceutical Society of Japan and the Japanese Pharmaceutical Association.

— Margaret Hall

De Leon Leaves

Pharmaceutical Services joined other departments in Hospitals and Clinics and the School of Pharmacy to say goodbye to Richard De Leon, who was assistant dean, School of Pharmacy, and associate director, Pharmaceutical Services. De Leon is now director of the University of Michigan Hospital Pharmacy.

Daniels



De Leon

Don Lorenzo

GAZETTE

Healthy Sex Is Aim of UCSF Human Sexuality Program

If you are sick or old or disabled, then you are not sexual. That is the most prevalent myth Evalyn Gendel, M.D., confronts almost every day.

Just over one year ago she arrived from Kansas to direct UCSF's Human Sexuality Program, which had not had a permanent director since Dr. Herbert Vandervoort's death in 1976. Today the program offers outpatient clinic and in-hospital sexual counseling, a curriculum in human sexuality for medical students, a sex therapist training program, and an expanding research division.

A few weeks ago, clinical psychologist Joseph Nowinski, Ph.D., joined the program as head of the clinic, a new position. At Stony Brook, New York, for two years he was a marital and sex therapist who supervised graduate and medical students and did research as well as community consultation.

Each year there are approximately 1,500 client visits to the human sexuality clinic. Most of the clients come for six to eight weeks of counseling at fees on a sliding scale. Almost all of them want to know "Am I normal?" Gendel says.

The leading cause of sexual dysfunction (what the client perceives to be a sexual problem) is misinformation about sex or one's own body. Much of the therapy is education and permission. Relationships are the focus. Healthy sex, Gendel insists, is what people want for themselves, and that, according to her, includes celibacy and homosexuality.

Gay clients, clients with low to middle incomes, disabled persons, and a growing number of Asian and Latino clients distinguish the clinic population. Many are seriously disabled or adjusting to life with cancer, heart disease, arthritis, or other chronic illnesses. More and more people seek sex counseling while still in one of the UCSF-affiliated hospitals.

UCSF has the largest program, and one of the few in the country, where seriously disabled persons are trained as paraprofessional counselors for others with similar disabilities. Sixty persons have completed training in the sex and disability unit of the program in the past three years.

Enough has been written about sex to fill a library. But the original research on human sexuality would easily fit on half a bookshelf, Gendel says. The program's research division is headed by Douglas Wallace, Ph.D., and among the topics of current investigation are: couple incompatibility due to male/female roles; a long-term study of effects of sex attitudes on medical practice; prediction of therapeutic outcomes; cultural/minority differences in results of sex counseling; and sex education of parents and teachers of developmentally disabled children.

LPI/ PSYCHIATRY

The Human Sexuality Program is part of the Department of Psychiatry. Gendel was originally trained in orthopaedic surgery and became interested in human sexuality and disability during her residency. Afterward, she established a private practice in a Kansas farming community. There for ten years, she perceived an increasing need to integrate sexual health care with other health services. This has always been a sensitive, at one time unmentionable, topic among the medical community.

Her interest in human sexuality continued and she became a sought-after expert while working in maternal and child health with the Kansas Department of Health and during an 11-year academic post at the University of Kansas Medical School.

— Matthew Krieger

Randolph Falk

Gendel

Anne Miller

Friends of Langley Porter raised $2,000 for the LPI Patient Benefit Fund. Jay Darwin (l), Friends president, presents the first installment of the gift to Dale Houston, chief of LPI Rehabilitation Therapies and chairperson of the benefit fund.

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SCHOOL OF NURSING

Child Care Training Program for Older Adults

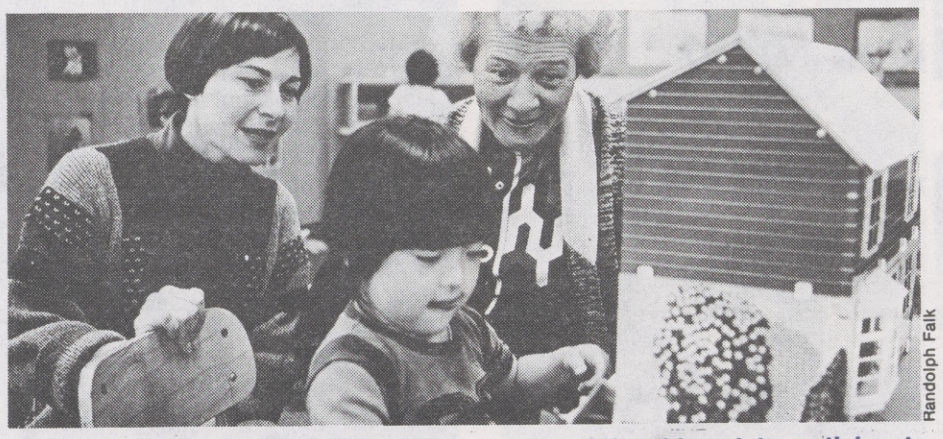
Picture the older man who has just returned from his twentieth trip to Reno on the weekend senior's special, with its cut rates and casino incentives — and this after a typical week of bridge, pinochle, shuffleboard, bingo, and senior-geared talks at the local senior's center. A life of leisure, some might say, but he's beginning to be bored with so much leisure.

Or, she is recently widowed, lonely, and has no so-called marketable skills, but a wealth in a lifetime of experience.

In a nearby hospital there are children whose parents have to be away from them for many hours each day; at an inner city day care center at least one staff member is absent during the course of the week, and substitute care is needed; somewhere in the city an incapacitated child is at home while his parents work.

The children need a care-giver, the older adult needs something worthwhile and necessary to do, and knows she has something to give.

Because this need has been recognized by the Family Health Care Nursing Department, a program to meet the mutual need of the young children and older adults begins October 1 and will be funded through June 30. Called "The Intergenerational Caregiving Project," it has received a $50,000 grant from the California Post Secondary Education Commission under Title I-A, the University Community Services Act. A pilot project in July was supported by the Evelyn and Walter Haas Jr. Fund, the Josephine and Peter Haas Fund, the Van Loben Sels Charitable Foundation, and the Zellerbach Family Fund, which made possible the state funding. The older adults participate in a 60-hour course combining 24 classroom hours with 36 hours of practical experience to increase their competence and confidence in giving care to children.



Randolph Falk

Coordinator Cohen (l) and Mildred Roberts, one of the older adult participants.

Project coordinator Marlene Cresci Cohen says the child development program provides background information through lectures, discussions, and workshops to enhance the participants' understanding, communication, and skills in caring for children.

The faculty consists of professors of human development, experienced child-care-givers, and seniors who are currently in community service, among them several from the Foster Grandparent Program at UCSF's Moffitt Hospital. "These experienced care-givers will provide valuable information to the program, which we hope will be in full operation in the fall," said Cohen.

Graduates of the program will receive a certificate, and will be prepared for placement as employed or volunteer substitute staff in child care centers, as temporary night care-givers for sick and well children, as foster grandparents to hospitalized children, as in-home care-givers for well or incapacitated children, or as peer faculty in the training program.

Anyone who is interested should call Marlene Cresci Cohen at UCSF, ext. 9063.

Postdoctoral Nursing Fellows

Two of the first postdoctoral nursing fellows in the country are at UCSF under the tutelage of Anselm Strauss, chairman of the Social and Behavioral Sciences Department. The fellows are supported by a grant from the Research Training Section, Nurse Research Branch of DHEW. Fellows are Janice M. Swanson, R.N., Ph.D., and Carole Chenitz, R.N., Ed.D.

Swanson's study focuses on men's perceptions of their role in family planning and the use of contraceptives.

Chenitz is looking at those social factors and processes established prior to institutionalization that influence poor or satisfactory adjustment of geriatric patients in nursing homes.

HOSPITALS / CLINICS

Copperud Publishes Handbook

Carol Copperud, training coordinator, Hospitals and Clinics Community Services, has written *The Test Design Handbook,* published this year by Educational Technology Publications, Englewood Cliffs, N. J.

The handbook is an expanded revision of one that she wrote for nursing faculty in the western states under an educational grant in the UCSF School of Nursing. The new handbook is applicable to any field at any level of instruction, covering both cognitive and performance testing.

Copperud

Don Lorenzo

An Everyday Miracle

Sixty-eight shotgun pellets penetrated 28-year-old Cornell Smith's body when he was shot in the abdomen in October 1976.

The husky, 170-pound auto mechanic and all-around amateur athlete was rushed to the SFGH Emergency Service, where the famed UCSF trauma teams saved his life. He spent the next two years as an inpatient at SFGH while undergoing a series of operations to repair his damaged internal organs performed by Muriel Steele, UCSF associate professor of surgery and chief of staff at SFGH. The surgery included removal of most of his small intestine and part of his colon. During his entire two years in the hospital, he was fed intravenously with solutions especially formulated by the UCSF-SFGH Hyperalimentation Service.

A year ago Smith, who is married and the father of two young sons, went home from the hospital. Today, he weighs 150, which is normal for his 5-foot 10½-inch frame, and he looks as fit as he did before the accident. And he's still being nourished intravenously.

Smith is one of 10 patients currently taking part in the SFGH Home Hyperalimentation Program, an extension of the in-hospital service for patients whose intestines have lost the ability to absorb foodstuffs normally — a result of certain illnesses or injuries. Some 500 patients on home hyperalimentation are listed in a national registry of the New York Academy of Medicine.

The five-year-old Home Hyperalimentation Program at SFGH — one of a handful of organized, hospital-based projects of its kind in the country and the first to be established in the Bay Area — is headed by George F. Sheldon, UCSF associate professor of surgery and chief of the SFGH Trauma Research Center. A comparable program for military personnel is conducted at Letterman Army Hospital by Michael Caldwell and UCSF is starting such a program at Moffitt Hospital under David Hohn, assistant professor of surgery.

Home Hyperalimentation programs are roughly comparable to home dialysis therapy for kidney patients. To prepare for the program the patient undergoes surgery to insert a catheter in one of the large veins leading to the heart. Before being discharged from the hospital, he is trained in feeding himself intravenously through the catheter.

Just as the kidney patient hooks up to a home dialysis machine to cleanse the kidneys, the patient on home hyperalimentation uses an I.V. pole, bottled solutions, and an infusion pump to feed himself. This takes about 12 hours a day and usually includes the time spent sleeping.

Unlike the kidney patient, who has only one option — a transplant — the home hyperalimentation patient often can be weaned from the program. Most such patients are able to resume taking some food by mouth.

Sheldon explains: "Foods passing through the digestive tract tend to cause the intestine to expand and adapt itself so that one in five patients on hyperalimentation is eventually able to discontinue it entirely."

Sheldon is hopeful that Smith will be among the fortunate ones: "He is progressing very well and is eating and absorbing two meals by mouth almost daily. It is now possible for him to skip intravenous feeding one day a week."

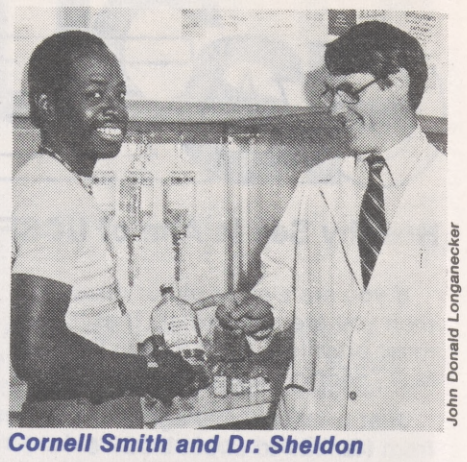
The idea behind home hyperalimentation, Sheldon emphasizes, is to improve the quality of the patients' lives . . . to help them become independent of the health system, or "masters of their own destinies."

Myrna Thompson, a specially trained I.V. nurse, shows patients how to use the home equipment and how to take care of themselves, including preventing infections from the catheters. (Infections occur very rarely in home hyperalimentation.)

Hospital pharmacists Bill George and John Howard teach the patients how to mix their own solutions, which include a balance of essential nutrients: amino acids, glucose, electrolytes, vitamins, and trace elements. Intravenous fat is mixed in a separate solution, used twice weekly.

During the training period, patients, who are referred to the program from all parts of northern California and the west, spend from one to three weeks in the hospital. For the next month, they return for a weekly consultation and checkup. After that, most of them are seen only three or four times a year.

"Although it's not practical for most hospitals to undertake a home hyperalimentation program, most of our patients are referred for follow-up care to physicians in their own communities. We have been able to work very effectively with these physicians," says Sheldon.



John Donald Longanecker

Cornell Smith and Dr. Sheldon

Many of the patients lead surprisingly normal lives. For example, Smith now jogs a little, plays some handball, and lifts weights in his home. Recently he celebrated his thirtieth birthday with a trip to Reno. He's planning to take college courses in management so that he may return to a job in the automotive field.

His example has been an inspiration to others. Out of gratitude for the program, he has visited other patients in the hospital, lending them support as they prepare to undertake home hyperalimentation.

In spite of his courage and optimism, he admits he has had his moments "down in the dumps." Not being able to eat normally is a painful experience and the struggle to rebuild his life has not been easy.

He explains: "When I realized I wasn't going to die, I told myself that if I was to be of use to myself and others, I would have to take control. I had to learn how to make my body and my mind cooperate.

"I am lucky to have been physically strong before the accident. My strength was slow to return, but by pacing myself I feel I'm beginning to make it."

— Claire Leeds Wray

MOVING IN & UP

Joseph L. Cowan has been named Assistant Chancellor — Legal Coordination for UCSF. In this position, which is a new one for the campus, Cowan will provide consultation and coordinative and administrative services to campus administrative and academic units on all matters with legal ramifications.

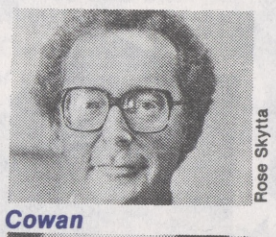
Arturo Reyes has been appointed Hospitals and Clinics Environmental Services assistant manager, day shift. Formerly of Bayamon, Puerto Rico, Reyes was laundry manager for four major hotels.

Charles Brandes has been appointed associate director, Design and Construction, Hospitals and Clinics.

Michela Reichman, who has been at UCSF for the past four years as director of News Services/Publications, has been named Special Assistant to the Chancellor — News and Public Information Services. In this capacity she will continue to be responsible for the departments of News Services, Publications, Information/Visitors Center, Speakers Bureau and Tours, and in addition will work with the Chancellor's Office as a consultant on various public relations issues.

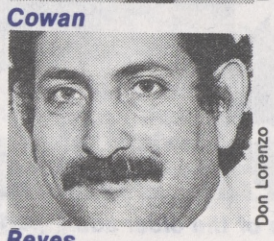
David Priven is the new production manager in the Reprographics Department. He comes to UCSF after working for Continental Can Diversified Industries.

Joseph Jezukewicz, principal administrative analyst in the Chancellor's Office, has been appointed to the School of Dentistry, where he is responsible for implementation of an academic and administrative plan to be used by the new dental facilities.



Rose Skytta

Cowan



Don Lorenzo

Reyes

Don Lorenzo

Brandes

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Previn

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Jezukewicz

Editor's Note: *Employees who would like to have their promotions acknowledged should send a note to the UCSF JOURNAL, 1475 4th Ave., or call ext. 2557.*

UCSF Retirees

● Meredith Nordshow ended 27 years of teaching in the School of Medicine's curriculum in Physical Therapy with her retirement in August. She was honored by students and colleagues at a testimonial dinner and dance sponsored by the Physical Therapy Alumni Association of UCSF, held at Marriott's at the Berkeley Marina. The 1978–79 class of physical therapy students also honored her with a surprise retirement party.

● William O. Reinhardt, M.D., associate dean and former dean (1963–66) of the School of Medicine, was recently honored at a reception by Chancellor and Mrs. Francis A. Sooy and Dean and Mrs. Julius R. Krevans. Reinhardt, who retired at the end of the school year, will continue to serve the University as professor of anatomy on recall and as associate dean emeritus, concerned with research activities and with academic and personnel affairs.

● Chancellor Sooy recently acknowledged long-term UCSF employees who have retired by sending them a personal letter of appreciation for their years of service on campus. The retirees are: Thomas Lawrence Sr., 20 years, housekeeping; Elizabeth Shapkin, 18 years, CVRI; Ulysses S. Diggins, 24 years, housekeeping; Beatrice Kennedy, 27 years, Ambulatory Care Center; Joseph Henderson, 26 years, Langley Porter Institute; Billy J. Coverson, 25 years, Physical Plant.

● The Department of Physiology seminar room, S 758, has been named the Leslie L. Bennett Room in honor of Academic Chancellor Emeritus Leslie L. Bennett.

● Lee Charette, special assistant to the Vice Chancellor, Personnel and Student Services, has retired after 32 years of service to the University of California.

Charette came to the UCSF campus in 1957 as a personnel officer. In 1958, he was promoted to the position of personnel manager, which he held until October 1977. Before coming to UCSF, Charette worked at UC-Berkeley as an employment interviewer, beginning in 1955, and was promoted to employment officer.

Employees Honored

Mary Benn and Elaine VanderBeugle were honored during the summer by their friends and colleagues in the Dermatology Research Department for 15 years of service. Benn and VanderBeugle, both laboratory assistants, were cited by William L. Epstein, M.D., professor and chairman, Department of Dermatology, for their dedication. He said, "During the past 15 years the research laboratories of the Department of Dermatology became world renowned as a training center for academic dermatologists. More than 50 young investigators who pursued this curriculum will remember two dedicated and unique women, Mary Benn and Elaine VanderBeugle."

Benn

Anne Miller

VanderBeugle

Program Helps Disabled Keep Jobs

Martha Tompkins works in the Children's Clinic on the second floor of the Ambulatory Care Center. In the toy-filled playroom, she sits on an adult-sized firm chair among young patients instead of on the standard low chair children's workers use. And when she picks up after they've "rearranged" the place, she uses a long wooden tong with rubber and magnetic ends to avoid having to bend. Tompkins is disabled. But, like many others, she has a disability — a back problem — that isn't visible.

Tompkins worked in Environmental Services, but her back disability prevented her from continuing that job. Now she is training to be a play attendant. The chair and tongs make it possible for her to participate in the training program.

Another employee found that disintegrating disks made it increasingly difficult for him to raise and lower his head. His job requires constant telephone use and involves plenty of paperwork. A chair, similar to a dental chair with high headrest, can be installed to permit his neck and shoulder muscles to relax. A special headrest device can be added to the telephone to allow his head to remain in a stationary position, and a high, up-tilted desk can be designed to bring materials to his head level, so he won't have to lower his neck to do the job.

These "reasonable accommodations" are provided by funds from the UC Retirement System (UCRS) and the State Department of Rehabilitation, in cooperation with the UCSF Personnel Department. UCRS is conducting a one-year pilot project in preventive rehabilitation for the University of California. UCSF has been chosen as the project site from among the nine campuses because it has a rehabilitation program for disabled people who are hired, and because it is a health sciences campus, and is close to UC-Systemwide, Berkeley. Coordinators of the project are Barbara Sykes and Judith Zaeske, both vocational rehabilitation counselors. The program is designed to help employees who develop physical disabilities to remain on their jobs or receive training for new positions.

"Most people do want to work and do have a work ethic," explains Zaeske. "Work gives them status and self-esteem. Unfortunately, part of the American culture trains us to look at what we can't do rather than what we can do if we're disabled. We're hoping to reverse that kind of thinking around here."

While the pilot project allocated funds from UCRS for 20 people on the UCSF campus, this budget has been "stretched" with the assistance of the California State Department of Rehabilitation. According to Sykes, the program has had more than 40 active referrals, and close to 80 "paper referrals," in its six months of existence.

Sykes and Zaeske work closely together and with department managers and supervisors to determine whether job modification or adaptation and changing to a new position or retraining are feasible solutions.

"This program is a tool," says Personnel Department's Ken McCullom. "It creates ways of resolving problems related to disability so employees can remain on the job. It provides advice to managers and supervisors."

"Rehabilitation can be a plus for everyone," Zaeske believes. "Not only is it a humanitarian effort and an excellent way to keep good employees working here, but it helps us comply with the federal legislation relating to hiring and accommodating the disabled.

"In addition, it is cost effective, as can be seen in parenthetical projections of disability benefits that might be paid if a person does not return to work." Zaeske cited the case of an individual with a severe back problem who has more than 30 years before retirement. UCRS LTD (long-term disability) payments in this case would cost approximately $190,000, assuming the person received the benefits until retirement. "Since we anticipate the costs of assisting this person's return to work to be $2,000, you can see how there is a substantial savings, and a person who wants to work will be working."

Sykes and Zaeske said most of the people they work with don't have visible disabilities. While many have back problems, others have varying degrees of hearing or sight loss, diabetes, degenerative diseases, hypertension.

"Ideally, we would like to reach people before they leave the job," said Zaeske. "Too often, they vegetate at home, possibly even become extremely depressed in the process. By learning how to adjust their self-perspectives and cope with the situations, hopefully, much of this can be avoided."

"Ours is strictly a volunteer program," Sykes explains. "We hope to help those people who are motivated to continue working here."

One of the features of the program is the nine-month trial work period for people who have been away from work and receiving LTD payments. Sykes says, "We may question whether someone on UCRS LTD has the strength medically to return to work. This feature gives us a chance to try it out."

Another focus of the program is to educate managers and supervisors. Zaeske and Sykes have designed a one-hour workshop for them, which includes a videotape featuring an interview with Ed Roberts, quadraplegic director of the Center for Independent Living in Berkeley. Talks are also given on the tape by John Velton, assistant district administrator, State Department of Rehabilitation, and Dave Orzech, Ph.D., professor of rehabilitation counseling at San Francisco State University. The workshop teaches managers, supervisors, and administrators about employment of the disabled, referral development, and obtaining support for training and placement slots.

This fall a course is being offered by the Training and Management Development Department to acquaint managers with federal regulations that prohibit discrimination in hiring handicapped and disabled persons and to demonstrate how the disabled can be as useful and productive as employees who are not disabled.

"The Rehabilitation Act of 1973 really didn't have any teeth until sections 503 and 504 were added," said Sykes. "Now the law makes it quite clear that any employer receiving more than $2,500 in federal money annually must comply with regulations relating to accommodation of employees who become disabled as well as the hiring of the handicapped from the outside."

Sykes and Zaeske are based in Personnel, as a part of the employment division, where they coordinate efforts with employment representatives and department supervisors. They also work with the UCSF Affirmative Action Office on matters of compliance with federal regulations. Both Zaeske and Sykes hold master's of science degrees in vocational rehabilitation counseling from San Francisco State University.

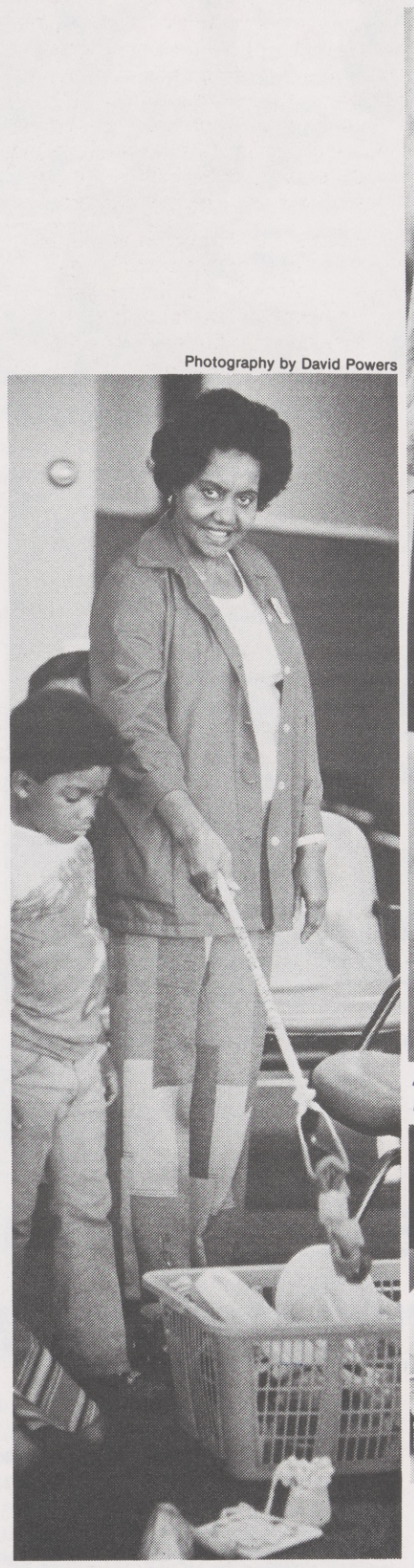
In Zaeske's office the lights are soft; a braille writing machine is left of the television monitor at the center of her desk. An attached closed-circuit TV camera with a zoom lens focuses on written documents placed beneath it, magnifying the image on the TV screen.

Zaeske uses dark heavy felt-tipped pens to scribble notes and color-coded cards for her files. She is legally blind, but these adaptive devices allow her to use the vision she does have to do her work.

She says, "If there's a physical or mental problem, it doesn't mean the loss of a job."

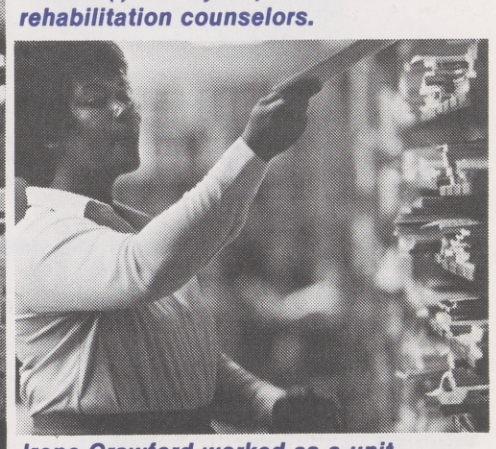
— Jini Kilgore Robinson

Photography by David Powers



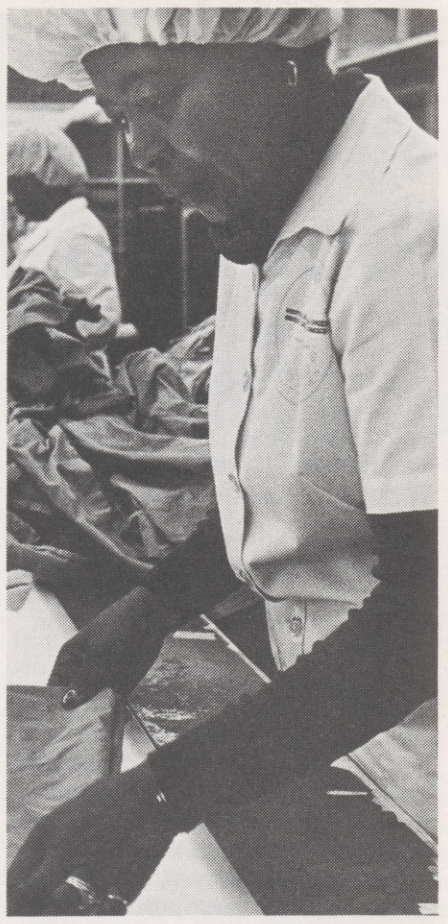
Martha Tompkins uses tongs so she won't have to bend.

Zaeske (l) and Sykes, vocational rehabilitation counselors.



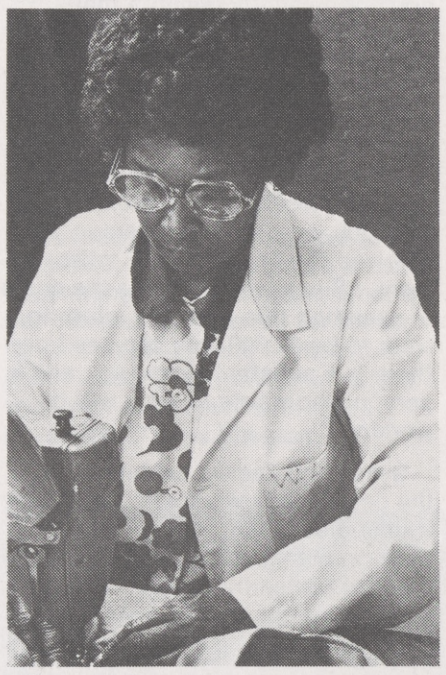
Irene Crawford worked as a unit assistant for Hospitals and Clinics before she developed a back problem. Now she works as a library assistant.

Supervisor Keith Keplinger stands near long conveyor that dumps laundry into huge dryer.



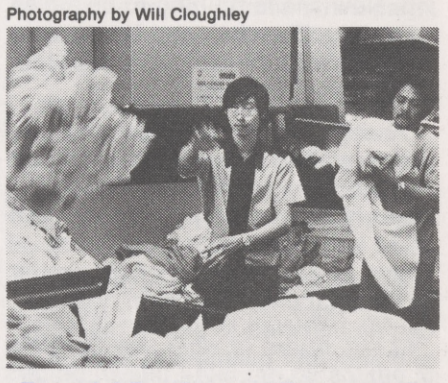
Jenny Coleman is subordinate supervisor of packs and packages.

Lucile Lum mends surgery linens on heat-patching machine, because needle-mending isn't sterile.



Willena Gray, drapery maker and seamstress.

Photography by Will Cloughley



Exequiel Romingquet (foreground) and co-workers are feeding pillow cases into the flatwork iron. Laundry supervisor Keith Keplinger says Romingquet, who is called 'Zeke,' is an exceptional worker. Romingquet came to UCSF from Goodwill Industries, where he was recently chosen as 1979 Goodwill Worker of the Year for demonstrating exceptional growth in overcoming a handicap.

Keplinger's Operation Vital To Laundry-Linen Services

Keith Keplinger, who likes to play the tuba, the cello, and chess, is a generally even-tempered man.

But he does wish that people would stop putting razor blades, plasma bottles, stethoscopes, garbage, toys, and cafeteria trays down the laundry chutes.

"You wouldn't believe some of the things we get," he said. "Broadly speaking, we've found everything in there but a patient. When you find something that shouldn't be in the laundry, it's not amusing. That's why we throw all the linen on the floor and go through it before we put it into the wash."

Keplinger is the linen service supervisor for UCSF, a veteran here of almost 14 years. His laundry crews wash, sort, and deliver some 5.2 million pounds of linens each year, and that's a big enough job in itself, without having to sift through it for surgical instruments or even lead-lined X-ray sheets.

Keplinger didn't start out to run a laundry. He majored in philosophy at the University of Washington and came to the Bay Area in 1948 to be purchasing agent for the Claremont Hotel. But he was gaining far too much weight, and "the doctor said if I didn't get some physical exercise I'd never see 30 . . . so I quit that job and went into laundry work. Now I'm heading into 60. . . ."

He was at St. Francis Hospital before coming to UCSF. He finds the job "physically active and yet a challenge" — though he admits he still carries a few more pounds than he needs.

Keplinger supervises a staff of 14 of the 63 workers in the laundry, which occupies the top floors of the Storehouse Building, tucked away behind the new construction side of Moffitt Hospital.

The soiled linens are collected from chutes in Moffitt and UC hospitals and in the Ambulatory Care Center, and are brought to the laundry in trucks. They're sorted on the top floor; then by way of conveyors they fall through a huge pipelike chute to the floor below, where they are swept into the machine by a strong, pulsating stream of water. This machine is called a "continuous flow line," capable of processing a maximum of 2,000 pounds of laundry each hour.

Once washed and rinsed and dried with an industrial chemical that allows them to be shelf-sterile for approximately 36 hours, the pieces are examined for flaws and sent to the mending room if necessary. Then they are sorted, folded, and returned, fresh and clean, to the department from which they came.

"The Surgery Department requires very special care," Keplinger says, "because surgery patients are most exposed.

"All of the surgical wrappings and drapes are inspected over our light table for holes. All hair and lint must also be removed," he said.

The sewing staff patches these surgical linens. "We don't sew them, we use heat-seal patches," Keplinger said. "They can't even have needle holes."

Surgery is one of laundry's biggest customers. "They have their own special cut of linens and garments in some 40 different types of packs — thyroid packs, circumcision packs, Caesarean-section packs — everything from open-heart surgery to a treatment sheet for a cut finger."

All of these have to be not only washed, dried, and inspected, reassembled and packed, but sterilized in Central Supply's big autoclave as well.

The soiled things come to the laundry in two pulses — first, the overnight collection from all departments, and then the patients' linens after the morning bed changes. The laundry people start work early, as early as 5 a.m. Keplinger himself arrives "any time from 4 in the morning on."

He usually wakes up at about 2 in the Potrero Hill apartment which he shares with an Australian sheep dog named "Migo." Before going to work he may play with his chess machine, which, he says, "gives me a pretty good game," and perhaps will play a tune or two on his cello.

Keplinger started with the tuba in the fifth or sixth grade in his native Bellingham, Washington, but switched to the cello at 14 or 15 "because I liked the parts better." But he continued with the tuba as well, because "I was the only tuba player in town — the Elks Club and Eagles had their own bands but no tubas, so I played with them.

"I like people, chess, and music, and most dogs," Keplinger said.

That is, people who don't put strange objects down the laundry chutes.

—Jane Eshleman Conant

Summer Student Programs

Hospital Administration Intern Program

David Powers

"You look just like sisters" is the comment that Jean Ball and Susan Randall hear more often than not when they're introduced as mother and daughter. In fact, the whimsical mom whispers, "Shh, you'll spoil my image," to whoever makes the telling presentation.

Jean and Susan both work at UCSF: Jean, for the past 12 years in various positions, now at the Information/Visitors Center in the lobby of the Medical Sciences building, and Susan, part-time in the Addressing Department. This summer Susan, a senior in economics at UC-Berkeley, was one of 12 college students chosen in the western region of the U.S. to participate in UCSF's hospital administration intern program, sponsored by Health Care Executives of Northern California and Associated University Program in Hospital Administration.

"We choose students who have excellent grades, an indicated interest in the health care field, and who have been active participants in volunteer or community work," said Donald I. Bartlow, assistant director, Hospitals and Clinics.

"Our primary objective," he continued, "is to expose students, and secondarily to motivate them to select health as an educational and career objective."

This year's internship program included the phrase "disadvantaged" for the first time, according to Bartlow, to encompass women and students from all ethnic backgrounds. It isn't easy to qualify for the program. The committee evaluates the students' appearance, goals and objectives, their strategies for accomplishment, directness in communication, and commitment.

"Nationally, 60 percent of the students end up in health. On the West Coast, 80 percent are in health," says Bartlow of the program's success.

Susan, 22, hadn't planned to steer her career in the direction of health, but this year's 10-week summer internship program influenced her. "Working in a hospital provides a humanistic atmosphere," she said. "I might get a master's in health administration or try to get into UCLA's joint master's of public health–master's in business administration program."

As intern, she worked under preceptor Julia Robinson, administrator of Langley Porter Institute, revising organization charts, visiting units, going to grand rounds — and she spent a memorable day in the LPI Children's Unit.

"At LPI I saw people with degrees putting them to use. In college you just do your homework," the young woman reflected. "You have a big image of yourself going to a big college, but when you come out into the real world, you feel small."

Susan said she learned to "deal with people" and to communicate in the internship program; that her work with organization charts helped her understand how personnel fit into a total structure. She was especially pleased with her opportunity to consult with professional women and minorities, who spent a lot of time with her.

"In college, I had had the experience of being a minority who had a 'proper' educational background," said Susan. "Yet, because of the prevailing stigma about blacks, I learned that many professors initially assume some deficit, so that if I asked a question in class, they thought it was because of poor academic preparation."

Susan said, at UCSF, "I haven't been with anyone who has brushed me aside."

Susan's qualifications for the program were no accident. Her mother, Jean, had brought her two young daughters from Chicago to California 12 years ago with a determination to do one thing: give them the best education possible. As a single parent sending her children to private schools, she found that it was not easy, and financial sacrifices had to be made.

"I started from the beginning, putting Linda and Susan in a private nursery school in Chicago. I was criticized by some of the neighbors living there on the south side of Chicago for 'trying to be better,' but I knew what I wanted for them," the mother said.

"We came to California on vacation in 1967, visiting my sister-in-law who worked at UCSF. She told me, 'Bring enough clothes. You might get a job.' I brought enough clothes, and got a job. Every year we were going home, but we became attached, and now San Francisco is our home."

Was it very hard to rear two girls by herself? "I think a single parent can raise kids," Jean replied. "I believed in strong discipline, mutual respect, and a good education."

"I think you always wanted to let people know that you could, too," Susan added.

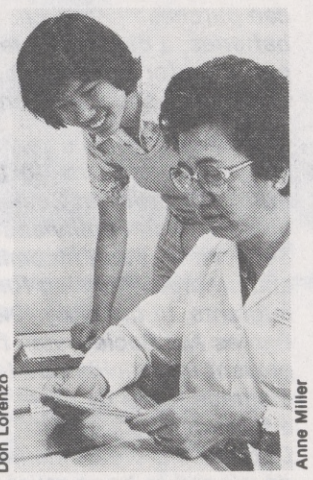
Jean said a strong will and supportive friends, whose encouragement and compliments strengthened her, helped.

"The three of us are very close," said Susan. Younger sister Linda finishes high school next June, and Susan will finish college. Susan says, "Being raised in a female household and going to all-female schools until I went to college make me pretty liberated and pro-female. I believe that young women should take advantage of all the opportunities that are available."

— Jini Kilgore Robinson

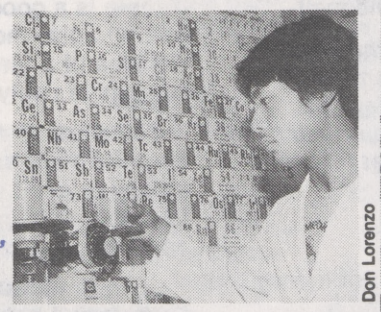
Enterprise Program

Don Lorenzo



Anne Miller

Don Lorenzo



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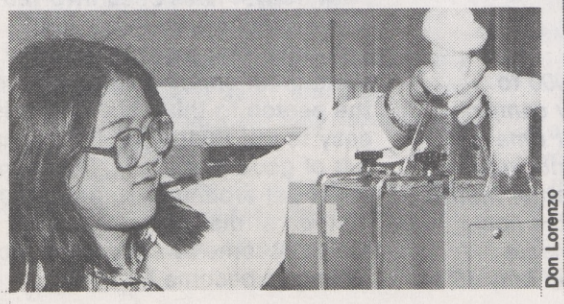


Don Lorenzo

Enterprise students from top, clockwise: Emma Hoo, of Washington High, in Dr. O. H. Clark's Endocrine Surgical Research Lab at VA; Jane Yeun, of Lowell High, with Dr. Carolina A. Braga, Ob/Gyn. Yuen plans to major in biochemistry at UC-B; Felix Vilchez, St. Ignatius, with Stanley Padilla, M.D., Family Health Center at SFGH. Maria Colon looks on as Padilla examines baby Jasmine; Johnny Hyun, University High, in Hematology Research Lab under Anne Rosenquist, M.T., and Rod McGregor, M.D.; Yen Chi Cheng, of Washington High, under D. E, Edmondson, Ph.D., Molecular Biology, VA; Eddie Young, of Lowell High, in thyroid research with O. H. Clark, M.D., at the VA.

Partnership Program

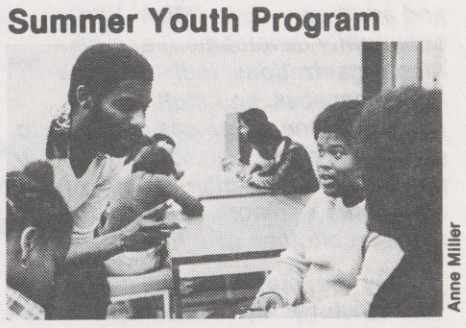
Don Lorenzo

Partnership students from junior high (above) in the Nursing Skills Lab at UCSF; at right top, UC-B student volunteer Helen Collins as a receptionist for Hospital Admitting; below, Life Planning Workshop facilitator for 70 students was Jeff Voorhees along with staff member Melvin Gibson (standing) and SYP director Gloria Darling.

Student Volunteers

Anne Miller

Summer Youth Program



Anne Miller

Meaningful Placements for Young People

The various summer youth programs at UCSF, the VA Hospital Medical Center, and San Francisco General Hospital Medical Center provide meaningful opportunities for young people. The *Summer Youth Program,* sponsored by the UCSF Training and Management Development Department, offers summer jobs to economically disadvantaged high school students. Gloria Darling was 1979 director of the program. The S.F. Medical Society sponsors the *Enterprise Program* for high school students who show some promise of entering medical and research careers. Peggy Lucas at the VA Hospital and Nester Lim at SFGH helped coordinate the activities of Enterprise students at their institutions; at UCSF, placements are made directly with faculty members. Similarly, the *Partnership Program* for eighth grade students, sponsored by UCSF Student Services under Carol Stadum, exposes bright students to health careers during this six-day residency program. College students are involved during the summer in the *Hospital Administration Intern Program* and a volunteer program through *Volunteer Services* at UCSF. The volunteer program gives college students (and some high school students) an opportunity to work at a medical center to decide if they want to pursue health careers. Sharon Beckham and Darryl Yano coordinate this program.

United Way Day: October 25

The annual United Way campaign will be held at UCSF on Thursday, October 25. Because employee contributions have markedly declined during the last few years, this year's effort is directed toward getting the full participation of the campus community rather than toward attaining a monetary goal. Much of the decline is due to misinformation about United Way, say co-coordinators Freeman Bradley, director of the Research and Development Laboratory, and Peter Wilkinson, director of Development. Bradley is spearheading the campaign in the academic division of the campus, and Wilkinson, the administrative division. Campaign coordinator is Tom Gwyn, director of UCSF Public Service Programs.

The *Journal's* question man, Allen Balderson, interviewed a cross-section of employees to give voice to their opinions about United Way. Their comments are positive, negative, and neutral, but, we believe, fairly representative of prevailing opinions. Overall, they demonstrate the need for more factual information about United Way, so we've asked Gwyn, Bradley, Wilkinson, and former donor representative Dorothy Bradley, a clinical social worker, to respond to some of the concerns that were raised. Their comments are italicized.

Do You Give to United Way?

Shirley Ware *Kitty Wu* *Barry Martin* *Irene Senecal* *Willie Trotty* *Diane Porter* *Tom Preble* *Roberta Heidt* *John McColloch*

Shirley Ware, film librarian assistant: It seems as though every company has United Way or is giving to someone. It's OK if the University is involved, but I don't give. I really don't know where the United Way money goes and can just as easily give on my own.

United Way publishes a list of its allocations, which has remained rather standard over the years. The list is available to employees. Last year 196 Bay Area agencies were served. These agencies include home health services, hospitals and clinics, health agencies, mental health services, neighborhood centers, youth agencies (including Boy Scouts and Girl Scouts), youth and adult agencies (YMCA, YWCA), community development and planning organizations, individual and family services, and multiservice agencies. One of the easiest ways to give is by taking advantage of the payroll deduction plan. Monthly installments are more convenient and manageable than giving a lump sum.

Kitty Wu, staff research associate, Radiobiology: My husband gives to United Way. He is in a government job and they have always had United Way. Since it is up to the individuals on campus whether or not they want to give, I think that it is fine that the campus has a commitment to United Way. The University doesn't force you to give.

Barry Martin, postdoctoral fellow, Pharmacy: I recently came here from Australia, but we do have similar programs there — large agencies that distribute funds. I would prefer to have more voice in what I do with my dollar, rather than to elect someone to do it for me.

Employees do have a voice in how their dollar is spent. Last year United Way introduced the donor option, by which the contributor can designate the money for the nonprofit organization of his or her choice.

Barry Martin, continued:

You don't get emotional satisfaction from giving to an anonymous institution.

Through the donor option plan, employees can select the organization of their choice for their donation. The employees in one department at UCSF choose to give to home health agencies like the Visiting Nurse Association. A representative of the department says such groups are "the core of what real service is in the community. They not only come in and do, but are a wealth of knowledge about other community organizations. They make assessments of needs and situations, order equipment for shut-in people, make necessary furniture changes, give supportive care. A home attendant can make or break the recuperation process of a patient."

Martin, continued:

We did a survey not too long ago and found that if you took away all the structures that were assembled to control funds, and just gave to the people, they'd receive an extra $200 in welfare.

The small agencies would not benefit more without umbrella agencies like United Way because a lot of small service agencies in the community can't compete with larger agencies (Red Cross, Girl Scouts) in mounting fund-raising campaigns. Additionally, United Way involves volunteer community people in the decisions about the allocation of dollars.

Martin, continued:

I would give a token amount to be part of the UCSF team effort for United Way, but I've been here only a short while and I'm not sure of United Way's track record.

No amount given to United Way is considered token. Even small contributions, when added to each other, make a difference. The three-dollar to five-dollar monthly donation can purchase needed hearing aid batteries, a diagnostic test, or transportation for a year for someone to and from a shopping center.

United Way has a very long track record. It dates back to 1851 as the Eureka Benevolent Society, the combined Jewish Family and Children's Services that met incoming ships and arranged housing for Jewish immigrants. In the early 1920's, the Babies Aid Society was formed to prevent infanticide due to the social disgrace faced by unwed mothers in a Victorian society. During the Depression, the Community Chest developed to bring relief to those in need. The name has changed to Red Feather, United Bay Area Crusade, and now United Way, but the aim has remained the same: to involve volunteers in the community in a meaningful way to meet the needs of the day.

Irene Senecal, clinical lab technician, Immunology: I feel sort of neutral. If you want to give, you can give; if you don't, you don't, but if you do donate, you end up on these lists and end up with all of those heartrending appeals in the mail.

If employees exercise the payroll deduction option, their names will not appear on a United Way list. United Way does not obtain their names and addresses; that information stays on campus.

Irene Senecal, continued:

Does UCSF spend a lot of money getting this United Way thing together?

UCSF spends only $3,000 to $4,000 on the United Way campaign. This doesn't include staff time and training for about 400 donor representatives. What UCSF, other institutions and employees — the community contribution — enable United Way to do is spend only 10 or 11 percent of its budget on administrative overhead costs. About 90 percent goes to direct services.

Willie Trotty, systems analyst, Administrative Information Systems: I really don't know that much about it, other than in principle and commercials that I've seen. The last time I did check into it I found that less than four or five percent was actually used for what it said it would be. I never give to United Way. In most funded programs the money goes out in administrative salaries. I think most people give to organizations if something happens to someone they know.

Diane Porter, clerk, Moffitt Gift shop: It doesn't hurt anybody to go around for United Way and ask for money. Nobody comes to me and puts a shotgun to my head and says, "Look, if you don't give you're going to lose your job or something." It's optional. It serves some good things.

Tom Preble, personnel assistant, Personnel: I'm not that enthusiastic about it. I think it might be better that people just give individually.

Roberta Heidt, secretary, Ob/Gyn: If there is a good cause, people are going to give money, anyway, but the idea of a forced contribution on campus is really ridiculous.

There are no forced contributions. People do not automatically give money to good causes. This is why United Way helps so many small agencies.

John R. McCulloch, specialist III, Pathology: I have been involved with United Way the last couple of years. I do think that just the fact that there is an ongoing campaign forces the person to think about it. It is so easy to put things off. People are full of good intentions, but then never get around to it. An organized method of dissemination helps people to become aware and be more willing to become involved.